

pressure on HCFA to move expeditiously toward the establishment of PPS for home care.

A study conducted by the George Washington University Medical Center, Center for Health Policy Research, entitled "Medicare Home Health Services; An Analysis of the Implications of the BBA of 1997 for Access and Quality," confirms why Congress must take expedited action in removing the IPS.

Just briefly, the Study concluded that (1) the BBA's reductions in Medicare's Home Health coverage and financing can be expected to impact the sickest and highest cost patients, and punish the very agencies that specialize in the provision of care to this population; (2) the most severe effects of the IPS falls on the sickest patients living in states with the lowest utilization patterns (as is true in my State of West Virginia); and (3) the BBA's interim payment system will shift costs to other payers (notably Medicaid) while rewarding inefficient agencies who care for relatively healthier patients.

So it is not only beneficiaries and providers who are alerting a sleeping Congress to the devastation of this IPS system, but outside experts are also telling us that we must revisit this issue.

While the IPS approach is a short-term solution, it has serious consequences for many vulnerable patients and honest providers.

For that reason, last Friday, June 24, 1998, Senator CHRISTOPHER BOND introduced an identical bill to the one I and my colleagues introduce today. I salute him for quickly recognizing that the IPS is a serious—very serious—problem and for acting at once.

Mr. Speaker, ensuring that home health care agencies, both profit and not-for-profit, can continue operating as the high quality health care providers they are, will require the cooperation of Congress, the agencies themselves, HCFA, HHS and the White House.

But Congress has the power to fix the IPS problem, and it must take expedited action to do so. We truly must not stand by while thousands of home health agencies shut down. It seems to me to be in our best interest to maintain and support those who are not only specialist in caring for the aged, the infirm, the severely disabled, but to heap upon them the high praise they deserve and have earned for the work they do, both in the name of compassion and out of a sense of responsibility toward the home health care needs of senior citizens.

CELEBRATING THE 25TH ANNIVERSARY OF TURKEY RUN FARM PARK

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 27, 1998

Mr. MORAN. Mr. Speaker, this year is the 25th anniversary of what has become one of the most unusual and successful experiments in the U.S. National Park System. It is a National Park that owes its existence to public-spirited entrepreneurship in a cooperative effort which demonstrates what can be accomplished by the determination, resourcefulness, and ingenuity of private citizens committed to a cause about which they care deeply. The Claude Moore Colonial Farm at Turkey Run

flourishes today as an example of a public-private partnership between citizens and government that utilizes the best both have to offer.

The park was created in 1973 and was called Turkey Run Farm Park, and its purpose was to portray the home of a family of ordinary means in 1771—a counter-balance to the 18th century historic plantations of the more well-to-do. A citizen's group formed the non-profit Friends of Turkey Run Farm in 1981. The Friends negotiated a long-term lease with the Park Service, matched a \$250,000 endowment gift from Dr. Claude Moore, and changed the name to the Claude Moore Colonial Farm at Turkey Run. The group has successfully managed the Farm since 1981 as the first privately funded and operated Park in the National Park system.

The Farm has achieved national recognition for its innovative educational programming which reaches over 50,000 people a year, including thousands of students in the Washington area. The Farm provides a visual benchmark, against which the many changes that have occurred since the 1770s can be put into perspective, leading to a better understanding of where we were then, who we are now, and what we may become. "The farther back you look," Winston Churchill is reported to have said, "the further ahead you can see." The Farm's motto is similar: "AMERICA—To see where we are going, see where we've been!"

Well over half the Farm's total current income is generated from self-supporting programs. More than one-fourth of their revenue comes from fundraising events. Together these accounts for about 85 percent of their annual income, with endowment funds and grants making up the rest. In September 1995 the Farm suffered a devastating loss when their replica 18th century farmhouse was destroyed by fire. A massive fundraising effort was launched to rebuild it. That effort has now been successfully completed. The new farmhouse was finished and ready for visitors in April, a testimony to the level of interest and commitment elicited by the farm from its supporters.

Mr. Speaker, the Farm has remained open, against all the odds, because of the support of those who appreciate what it has given and continues to provide to the local community, the National Capitol region, and the Nation. It is a true public/private partnership which has grown stronger with the years, and as we celebrate the 25th birthday of the Claude Moore Colonial Farm at Turkey Run, we wish them many happy returns.

PATIENT PROTECTION ACT OF 1998

SPEECH OF

HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 24, 1998

Mr. DEUTSCH. Mr. Speaker, H.R. 4250 is an ineffective attempt to solve the real problems and concerns of the American people. The legislation fails to achieve real managed care reform by allowing insurers to selectively choose specific geographic areas to limit enrollment. This approach will inevitably segment the market, removing the healthy from the general insurance pool and leaving the remainder with increasingly unaffordable premiums.

H.R. 4250 also fails to provide patients with information on benefits, cost-sharing, access to services, and grievance and appeals. It fails to provide an internal quality assurance program and fails to allow for an effective mechanism for accountability. In short, H.R. 4250 fails the American people.

The Republican leadership bill is simply a cosmetic approach toward enacting real patient protections. We must enact strong, common sense measures which include critical protections for all privately insured Americans. We must strengthen federal enforcement to ensure compliance, and increase access to affordable, high quality care. Again, H.R. 4250 fails the American people on each of these counts.

Mr. Speaker, only through bi-partisan consensus can we achieve meaningful reform. As Congress continues to work toward this goal, I look forward to supporting truly bi-partisan proposals that addresses patient concerns honestly and expands health care options for all Americans.

TRIBUTE TO J. CAMERON WADE

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, July 27, 1998

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I stand today to pay tribute to a constituent, Mr. J. Cameron Wade, better known as J.C. Wade of Irving, Texas who was awarded a long-awaited Bronze Star medal and restoration of rank for his valiant service to our country during World War II.

Mr. Wade and four other African-American veterans of WWII were finally recognized for their heroic participation in the U.S. Army fighting both the scourge of segregation and Adolf Hitler. On Thursday, July 23rd, 1998, Mr. Wade was officially recognized for his efforts to halt fascism and tyranny and protect freedom for the United States and the entire world.

Unfortunately, Mr. Wade's contribution to our country was overlooked for many years. While history recorded the service of thousands of soldiers, Mr. Wade and other black servicemen were literally erased from those annals of history. Indeed, they fought, and some died alongside white soldiers until the war in Europe came to a close in May 1945.

However, Mr. Speaker, their work was neither acknowledged or rewarded. After their WWII service, they did not find a warm welcome or gracious thanks. Instead, African-American soldiers found an Army that returned to the practices of segregation. Because of the Army's return to segregation, those African-American soldiers were refused restoration of their rank status. These were soldiers like Mr. Wade, a sergeant who volunteered to be demoted to the status of private in order to fight on the battlefield for his country.

Mr. Speaker, even worse was the fact that soldiers like Mr. Wade found that their discharge petitions omitted their combat service. These warriors were truly forgotten. In addition, upon their leaving the service, no one bothered to inform them that the Bronze Stars were available to them for service in the combat infantry.

Mr. Speaker, we all agree that Mr. Wade and his colleagues were directly slighted and